

Local Criminal Notice of Appeal Form.

*See paid \$455.00
E 642206*

NOTICE OF APPEAL
United States District Court

Southern District of New York

United States of America

Docket No.: 07 CR 1182 (KMK)

Karas, K.

(District Court Judge)

Allen Julier

Notice is hereby given that Defendant Allen Julier appeals to the United States Court of Appeals for the _____ and _____

Circuit from the judgment [_____] other [_____] (specify)

entered in this action on May 2, 2008
(date)

Offense occurred after November 1, 1987 Yes ☒ No ☐

This appeal concerns: Conviction only ☐ Sentence only ☒ Conviction and Sentence ☐

Date TO _____

US Attorney
Southern District of NY

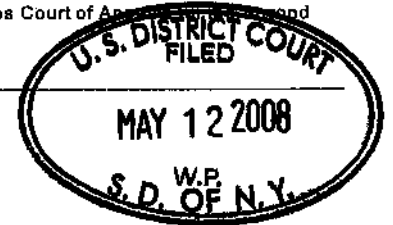
Allen Julier -
(Counsel for Appellant)

pro se

Address _____

Telephone Number: _____

ADD ADDITIONAL PAGE (IF NECESSARY)



TO BE COMPLETED BY ATTORNEY

TRANSCRIPT INFORMATION - FORM B

QUESTIONNAIRE

- ☒ I am ordering a transcript
☐ I am not ordering a transcript
Reason
☐ Daily copy is available
☐ U.S. Attorney has placed order
☐ Other. Attach explanation

TRANSCRIPT ORDER

DESCRIPTION OF PROCEEDINGS
FOR WHICH TRANSCRIPT IS
REQUIRED (INCLUDE DATE)

Prepare transcript of _____ Dates _____
☐ Prepare proceedings
☐ Trial
☒ Sentencing MAY 2 2008
☐ Post-trial proceedings

The attorney certifies that he/she will make satisfactory arrangements with the court reporter for payment of the cost of the transcript. (FRAP 10(b)).

Method of payment ☒ Funds ☒ CJA Form 24 ☐

ATTORNEY'S SIGNATURE

u P.O.A

DATE

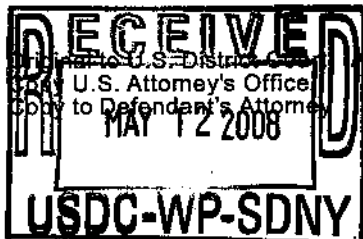
COURT REPORTER ACKNOWLEDGMENT

To be completed by Court Reporter and forwarded to Court of Appeals.

Date order received	Estimated completion date	Estimated number of pages
	Date _____	Signature _____ (Court Reporter)

DISTRIBUTE COPIES TO THE FOLLOWING:

1. Original to U.S. District Court (Appeals Clerk).
2. Copy to U.S. Attorney's Office.
3. Copy to Defendant's Attorney.
4. U.S. Court of Appeals.
5. Court Reporter (District Court).



**DURABLE GENERAL POWER OF ATTORNEY
NEW YORK STATUTORY SHORT FORM**

**THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE
SHOULD YOU BECOME DISABLED OR INCOMPETENT**

(CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY DURING YOUR LIFETIME, WHICH MAY INCLUDE POWERS TO MORTGAGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THESE POWERS WILL CONTINUE TO EXIST EVEN AFTER YOU BECOME DISABLED OR INCOMPETENT. THESE POWERS ARE EXPLAINED MORE FULLY IN NEW YORK GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15, SECTIONS 5-1502A THROUGH 5-1503, WHICH EXPRESSLY PERMIT THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY.

THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS. YOU MAY EXECUTE A HEALTH CARE PROXY TO DO THIS.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

THIS is intended to constitute a DURABLE GENERAL POWER OF ATTORNEY pursuant to Article 5, Title 15 of the New York General Obligations Law:

I, ALLEN JULIER, residing at 1 Crafts Road, Carmel, New York 10512 do hereby appoint:
William B. Owens, residing at 24 Evergreen Way, Pawling, New York 12564, telephone #(845) 855-7220

(If 1 person is to be appointed agent, insert the name and address of your agent above)

(If 2 or more persons are to be appointed agents by you insert their names and addresses above)

my attorney(s)-in-fact TO ACT

(If more than one agent is designated, choose one of the following two choices by putting your initials in one of the blank spaces to the left of your choice:)

() Each agent may SEPARATELY act.

() All agents must act TOGETHER.

(If neither blank space is initialed, the agents will be required to act TOGETHER)

IN MY NAME, PLACE AND STEAD in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law and to the extent that I am permitted by law to act through an agent:

(DIRECTIONS: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you want to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in subdivision "(Q)", and you may then put your initials in the blank space to the left of subdivision "(Q)" in order to grant each of the powers so indicated)

- | | | |
|----------------|-----|--|
| () | (A) | real estate transactions; |
| () | (B) | chattel and goods transactions; |
| () | (C) | bond, share and commodity transactions; |
| () | (D) | banking transactions; |
| () | (E) | business operating transactions; |
| () | (F) | insurance transactions; |
| () | (G) | estate transactions; |
| () | (H) | claims and litigation; |
| () | (I) | personal relationships and affairs; |
| () | (J) | benefits from military service; |
| () | (K) | records, reports and statements; |
| () | (L) | retirement benefit transactions; |
| () | (M) | making gifts to my spouse, children and more remote descendants, and parents, not to exceed in the aggregate \$10,000 to each of such persons in any year; |
| () | (N) | tax matters; |
| () | (O) | all other matters; |
| () | (P) | full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select; |
| (<i>ATJ</i>) | (Q) | each of the above matters identified by the following letters: "A" through "P" inclusive |

(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of Section 5-1503 of the New York General Obligations Law.)

This durable power of attorney shall not be affected by my subsequent disability or incompetence.

If every agent named above is unable or unwilling to serve, I appoint _____ to be my agent for all purposes hereunder.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

THIS DURABLE GENERAL POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME.

IN WITNESS WHEREOF I have hereunto signed my name this
18TH day of January, in the year 2008

(YOU SIGN HERE:) == >


ALLEN JULIER


STATE OF NEW YORK, COUNTY OF PUTNAM ss.:

On the 18 day of January in the year 2008, before me, the undersigned, personally appeared, ALLEN JULIER, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

[NOTE: if the acknowledgment of the principal is taken outside NY State, please enter the name of the State or country in the caption above. In such case, the following lines are added to and made a part of this acknowledgment:

and that such individual made such appearance before the undersigned in the

(insert the city or other political subdivision and the State or country or other place the acknowledgment was taken)]


(Notary Public)

VICTOR G. GROSSMAN
NOTARY PUBLIC, ST. OF NEW YORK
NO. 4706611
QUALIFIED IN PUTNAM COUNTY
COMM. EXPIRES APRIL 30, 2011

Affidavit of Attorney-in-fact

STATE OF , **COUNTY OF** **ss.:**

being duly sworn, depose(s) and say(s) that deponent has this day confirmed that the principal is alive and has neither revoked nor modified the foregoing power of attorney, which remains in full force and effect.

Deponent makes this affidavit knowing that

rely on the truth of the statements made herein in accepting the use of the foregoing power of attorney.

Sworn to before me this
day of in the year

**General Power of
Attorney**

RETURN BY MAIL TO:

Statutory Short Form - Durable Power

TITLE NO.

**ALLEN JULIER
TO
WILLIAM B. OWENS**

RESERVE THIS SPACE FOR USE OF RECORDING OFFICE

DISTRIBUTED BY



YOUR TITLE EXPERTS
The Judicial Title Insurance Agency LLC
800-281-TITLE (8485) FAX: 800-FAX-9396